Airway Management – iGel SGA

- ABCs
- Oxygen 100%
- Assist Ventilations

Choose appropriate sized iGel SGA
Check equipment & properly lube iGel SGA

indicates a numbered step in the protocol.

iGel Sizes:
Size 1 (pink) 2-5 kg, 5-11 lbs
Size 1.5 (light blue) 5-12 kg, 11-25 lbs
Size 2 (grey) 10-25 kg, 22-55 lbs
Size 2.5 (white) 25-35 kg, 55-77 lbs
Size 3 (yellow) 30-60 kg, 65-130 lbs
Size 4 (green) 50-90 kg, 110-200 lbs
Size 5 (orange) 90+ kg, 200+ lbs

Place the patient’s head in a sniffing or neutral position

Insert the iGel SGA until definitive resistance is felt and the incisors are resting on the integral bite-block.

Begin ventilation

Confirm placement with lung sounds, chest movement and CO2 monitor.

Secure iGel SGA using tape or other accepted means

Ventilate with 100% O2
Reassess Airway Frequently
Transport

Indications:
- Endotracheal intubation cannot be performed
- Attempts at endotracheal intubation have been unsuccessful

Contraindications:
- Patients with a gag reflex
- Patients with known esophageal disease or alcoholism (possibility of esophageal varices exists)
- Patients who have ingested a caustic substance

Document:
- SpO2
- Respiratory Status Before and After Treatment
- Lung & Gastric Sounds
- Skin Color
- Indications for Use
- Absence of Gag Reflex
- Patient’s Age, Height

1. May substitute “iGel SGA” at any place “King Airway” appears in the protocols.
2. Use water based lubricant, such as K-Y Jelly. Place lubricant on the back, sides and front of the cuff. Careful not to block the opening of the device with lubricant.
3. Occasionally a feel of ‘give-way’ is felt before the end point resistance is met. This is due to the passage of the bowl of the iGel through the faucial pillars. It is important to continue to insert the device until a definitive resistance is felt. If there is early resistance during insertion a ‘jaw thrust’ or ‘insertion with deep rotation’ is recommended. At NO time should the patient’s airway or ventilatory status be compromised. If placement is unsuccessful, remove the device and return to oropharyngeal airway and assist via bag-valve-mask. No more than 3 attempts should be attempted.
4. If using tape, tape from maxilla to maxilla.
5. If spontaneous respirations begin and removal of the iGel SGA is needed, be prepared to suction.
6. If placing an NG tube use a size 12f for iGel size 3 or 4 and an NG tube size 14f for iGel size 5.